

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013645

Entity Name: A / H ELECTRIC, LLC

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

4757 SW ICHETUCKNEE AVE  
LAKE CITY, FL 32024 US

## New Principal Place of Business:

2034 SW ICHETUCKNEE AVE  
LAKE CITY, FL 32024 US

## Current Mailing Address:

4757 SW ICHETUCKNEE AVE  
LAKE CITY, FL 32024 US

## New Mailing Address:

2034 SW ICHETUCKNEE AVE  
LAKE CITY, FL 32024 US

FEI Number: 14-1922500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MCCARTY, DAVID L  
4757 SW ICHETUCKNEE AVE  
LAKE CITY, FL 32024 US

## Name and Address of New Registered Agent:

MCCARTY, DAVID L  
2034 SW ICHETUCKNEE AVE  
LAKE CITY, FL 32024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MCCARTY, DAVID L  
Address: 4757 SW ICHETUCKNEE AVE  
City-St-Zip: LAKE CITY, FL 32024 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MCCARTY, DAVID L  
Address: 2034 SW ICHETUCKNEE AVE  
City-St-Zip: LAKE CITY, FL 32024 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID L MCCARTY

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date